



A study on diabetes in Tanzania

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Chronic Illness in Africa

Africa is facing an epidemic of chronic diseases and the research, practice and policy responses to this chronic disease burden remain inadequate. In Tanzania the incidence of people afflicted with type 2 diabetes is increasing exponentially.



Today the prevalence estimates of diabetes is 909.600 out of Tanzania's 40.2 million people and it is expected to increase by 50 % within the next 20 years.

Knowledge is needed in order to improve health intervention and preventive measures of chronic diseases in Africa. This study is a modest contribution to the knowledge and understanding of the current situation of diabetes in Tanzania.

About the study

The study is based on a two months (February-March 2008) anthropological fieldwork in Dar es Salaam in Tanzania among people with type 2 diabetes. The study was conducted by five graduate students from the Department

of Anthropology at the University of Copenhagen, Denmark. The fieldwork was sponsored by Novo Nordisk A/S, Denmark.

A preliminary report has been produced and is entitled: "An Anthropological Investigation of How People Afflicted with Diabetes in Dar es Salaam (Tanzania) cope with their Life Situation of Being Chronic Ill".

Objectives

The aim of the study was to explore how people afflicted with type 2 diabetes cope with their situation of being chronic ill in a resource poor environment where access to and availability of the means to control diabetes are limited. This was explored from the patient's perspective with an emphasis on self care.

Who did the study concern?

Our **primary informants** were adult men and woman who had been diagnosed with type 2 diabetes from less than six months ago up to 30 years ago. They lived in impoverished neighbourhoods in Dar es Salaam. In order to contextualize the life situations of our informants, we also interviewed **secondary informants** such as family members, health professionals, traditional healers, an informant's employer and policymakers.

Methodology

During the two months of fieldwork the group conducted semi-structured **qualitative interviews**, focus groups, observation at two public diabetes clinics and **participant observation** in the local context of the daily life of our primary informants in Dar es Salaam. We conducted follow-up interviews with our primary



informants and repeated **home visits**. In this manner we gained insight into the lives of our informants and generated data.

Main findings

The majority of our informants were not economically self-sufficient and peoples' self-care

practices had to be seen as a collective praxis and not simply as an individual matter. The family members of the diabetic person provided care and treatment in terms of acquiring medicine, accompanying the ill person at diabetes clinics, knowledge sharing, and upholding a healthy diet since buying food was a collective matter especially in times of financial hardship. Although the family network was a fundamental support and an enabling factor for the actions that people took in relation to their illness, the interdependent character of the relations among relatives also had constraining consequences for these actions. Most of our informants' self-care practices were severely constrained because the needs of other relatives also had to be met. This often compromised the needs of the diabetic person as diabetes was only one problem among many.

Main findings

Concomitant with this, our analysis showed that their life conditions were characterized by uncertainty and insecurity which made them extremely vulnerable to disruption. Hardships and deaths within the family clearly disrupted the intended actions of the self-care practices of the diabetic person and made them act on a day to day basis. This collides with the long term strategies of treatment of a chronic disease like diabetes presented in international and national health messages in prevention and treatment programmes and highlights the importance of adapting these programmes to the social reality of people living with diabetes in poor communities in Tanzania and possible in other sub-Saharan African nations where diabetes is widely distributed among populations.

Concluding remarks

From participating in the daily lives of our informants we provided valuable knowledge on self care practices and the difficult circumstances in which these practises unfold. The

majority of people in Tanzania who are afflicted with diabetes are poor and experience a lack of access to and availability of the means to control diabetes. In spite of these difficulties, many still had a strong **desire to take action** in order to better their health which could be further strengthened by initiatives of **diabetes health intervention** promoted by the public and private sector and civil society. These interventions should take a patient's perspective and be considerate of the local context of the daily life of the patients.

Other findings

Other central findings arose from our investigation concerning the interplay between diabetes and HIV/AIDS and diabetes and impotence.

The current HIV/AIDS epidemic in Tanzania influences diabetics' understanding of their chronic illness and has a deep psycho-social impact on them. Prior to diagnosis, many fear that they have contracted the HIV-virus because some of the first symptoms of type 2 diabetes are fairly similar to those of HIV/AIDS.



Consequently, many suffered from HIV-related stigma in their local communities.

Up to 50 % of men with diabetes experience problems of impotence. Research shows that in East Africa a man's identity, self-confidence, and social value is linked to his sexuality. For men who are afflicted with diabetes and suffer from impotence the illness experience is heavily influenced by the impact of impotence on their sexual health, their gender identity and gender power relations. Sexual dysfunction might have severe consequences for marital relationship and studies indicate that men are often deserted by the wives on that account.

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